6.0 THE TSP REQUEST FORM

This chapter describes how to complete a TSP Request For Service Users form (SF 315). Item numbers in this text correspond to the item numbers on the TSP Request form. All items must be completed unless otherwise stated. When completing the form, please print or type. Figure 6-3, at the end of this chapter, is an example of a completed TSP Request form (SF 315).

---

1. ACTION REQUESTED   *(Enter applicable code)*

A. INITIAL PRIORITY FOR A NEW SERVICE   D. REVOKE USER SERVICE PRIORITY
B. INITIAL PRIORITY FOR AN EXISTING SERVICE   F. REVALIDATE A SERVICE' S PRIORITY
C. CHANGE TO A SERVICE, SERVICE PRIORITY, OR INFORMATION ABOUT A SERVICE

6.1   TSP REQUEST FORM ITEM 1
Action requested. Enter applicable code (A,B,C,D, or F). NOTE: choice E intentionally omitted.

Enter A to request a TSP assignment for a new service.

Enter B to request a TSP assignment for an existing service that currently has no TSP assignment or for a service with a priority under the Restoration Priority System which is being submitted for a TSP assignment.

Enter C to change an existing TSP service. When changing an existing service, explain the change in item 9, Supplemental Information. Also enter any other changed information (such as subcategory, criteria, or service profile items), as appropriate.

Enter C to change a service's restoration priority. When requesting a change in the restoration priority assignment of an existing TSP service, also see instructions under item 6c for further detail.

Enter C to change information about a service. When changing information previously submitted to the TSP Program Office about the service, enter the change information in the appropriate items.

NOTE: When requesting a change by entering a C in item 1 of the TSP Request form, you must complete (at the minimum) items 4a and/or 4b, 14, and (if a non-Federal government user) item 15. If requesting a change in the priority level, you must also complete item 2. For changes to existing services, you may enter the word "blank" in items 3 and/or 8 (a, b, or c) to inform the TSP Program Office that these items should now be blank.

Enter D to request that a TSP assignment be revoked. (You will receive a revocation notice from the TSP Program Office containing a TSP Authorization Code ending in 00 (zero-zero)). You must complete (at the minimum) items 4a and/or 4b, 14, and (if a non-Federal government user) item 15. The TSP Program Office will never deny a revocation, but this request is necessary to eliminate future correspondence from the TSP Program Office about the service.

Enter F to revalidate a TSP assignment. (NOTE: choice E intentionally omitted.) You must complete (at the minimum) items 4a and/or 4b, 14, and (if a non-Federal government user) item 15.

6.2   TSP REQUEST FORM ITEM 2

```
┌─────────────────────────────────────────────────┐
│ 2. DATE SERVICE REQUIRED   (MM/DD/YY)           │
│                                                 │
│                                                 │
└─────────────────────────────────────────────────┘
```

Date service is required. For a new service, enter month, day and year (MM/DD/YY) that the service is required. For an existing service enter the MM/DD/YY on which you anticipate the vendor will complete the service order.

6.3   TSP REQUEST FORM ITEM 3

```
┌─────────────────────────────────────────────────┐
│    3. NEW SERVICE USER SERVICE ID               │
│                                                 │
│                                                 │
└─────────────────────────────────────────────────┘
```

New Service User Service ID. Enter the unique identifier that you use to recognize this service.

NOTE: This identifier can be any combination of letters and numbers or any name that you use to identify the service in your records.

If you don't have a New Service User Service ID when you initially apply for a priority level, leave this item blank. You can inform the TSP Program Office of that ID when it becomes available. It is acceptable to use the Prime Service Vendor Service ID (e.g., circuit ID) as your New Service User Service ID. The ID may be up to 24 characters in length. Only the leftmost 24 characters will be retained if the ID is longer.

To change anything about a service (information and/or priority level) after a priority level has been assigned, you will need to identify the service to the TSP Program Office. You do this by entering either the TSP Authorization Code (in item 4a) or the Previous Service User

Service ID (in item 4b). Therefore, if you do not enter an ID in item 3, you MUST use the TSP Authorization Code in item 4a if you subsequently request a change in the service.

When the TSP Program Office sends you any notice, reconciliation report, revalidation notice, or otherwise communicates with you about a service, this ID and the TSP Authorization Code will be echoed back to you. In that way you will know which service is being referenced.

To inform the TSP Program Office of the New Service User Service ID after you have requested a priority level assignment, submit a TSP Request with C entered in item 1 to indicate a change; cite the TSP Authorization Code (in item 4a) and/or the Previous Service User Service ID (in item 4b), and provide the New Service User Service ID in item 3. Also complete items 14 and (if non-Federal government service user) item 15.

6.4   TSP REQUEST FORM ITEM 4

4. SERVICE IDENTIFIERS *(Complete a and/or b below only if action requested is C, D, or F.)*	
a. TSP AUTHORIZATION CODE	b. PREVIOUS SERVICE USER SERVICE ID
T S P	

Service Identifiers. If this is a change, revocation, or revalidation of an existing service, you must enter either the TSP Authorization Code (sent to you previously by the TSP Program Office) in item 4a, or the Previous Service User Service ID in item 4b.

NOTE: The Previous Service User Service ID is the ID that you entered in item 3 (New Service User Service ID) on a previous TSP Request to identify the service.

Whenever a priority level is assigned to a service, the TSP Program Office assigns a "TSP Authorization Code" which uniquely identifies the service.

If this is a request to change a service which has been previously assigned a priority level, you must enter one of these two identifiers; otherwise the TSP Program Office won't know which service you wish to change.

If this is a request to change an existing priority level, enter the original TSP Authorization Code and describe the reason for the change in the supplemental information item (Item 9).

6.5   TSP REQUEST FORM ITEM 5

5. SERVICE PROFILE *(List all choices that apply)*

Service Profile. (See paragraph 3.3, TSP Service Profile.) Determine which of the following service profile elements and details apply to your service. The service profile elements (letters A-G) and service profile element details (numbered) describe attributes of a service that are under the control of a service user. Enter up to 12 profile element/detail identifiers (e.g., A3, B1, F2, F3.) Additional profile element/detail identifiers should be specified in item 9 of the TSP Request form. If none apply, enter the letters "N A" in the first double block of item 5.

A.   Customer Premises Equipment (CPE): Element

CPE is equipment provided by the service user, whether through contract, as government-provided equipment, or a combination to interface with vendor-provided service. Examples include modem and terminal equipment (such as cryptographic equipment, teletype, radio, facsimile, satellite earth terminals, switch, telephone, sensor, cablehead) supporting the service for which a priority level is being requested. This profile element includes spare terminal equipment, repair CPE parts, and CPE supplies.

·   **CPE: Element Details**

[A1] On-site/on-call maintenance support or a contractual arrangement exists that is consistent with the restoration response expected of the telecommunications service vendor.

[A2] Spare equipment is provided to back up primary equipment.

[A3] Applicable only if this is a provisioning request: Equipment and site preparation provided by the service user (including equipment provided by contract) will be available by the date service is required.

B.   Customer Premises Wiring (CPW): Element

CPW includes all "in-house" circuit segments that are normally provided by the service user, whether through contract or as service user owned wiring on the "user" side of a demarkation (demark) point. The demark is that point, agreed upon mutually by the

telecommunications service vendor and the service user, where operational control or ownership changes from one entity to another. In-house wiring that extends service from the demark point is the responsibility of the service user. This service may be provided by the service user or under contract to the service user.

- **CPW: Element Details**

    [B1] All in-house circuit segments provided by the service user (including those provided by contract) have on-site/on-call maintenance support, or a contractual arrangement consistent with the restoration response expected of the service vendor.

    [B2] Applicable only if this is a provisioning request: All in-house circuit segments provided by the service user (including that provided by contract) will be available by the date service is required.

C.   Operations: Element

Operations refers to the number of hours per day that a facility is manned or, if unmanned, operational. Unmanned terminals (such as sensors) tied to a central facility that monitors them 24 hours per day are considered to be operational 24 hours per day.

Facilities that are in "hot-standby" and can be activated in a short time span are also considered to be operational 24 hours per day. Priorities for services to facilities such as alternate headquarters, which are not active until manned, may be requested as though the service facilities are operational 24 hours per day and an explanation should be provided in item 9 of the TSP Request form.

- **Operations: Element Details**

    [C1] The terminal facility operates 24 hours per day or it is in a hot-standby status.

    [C2] Other. Explain in item 9 of the TSP Request form.

D.   Technical Control Facility (TCF)/Fault Detection/Isolation: Element

This profile element refers to the capability to detect and isolate a problem within a system. This function may be performed by the service user or by a service vendor under

contract to the service user. It may be the function of a patch and test facility located within an operations center.

· **TCF/Fault Detection/ Isolation: Element Details**

[D1] A capability is available or contracted for 24 hours per day to isolate problems or perform service testing to determine faults.

[D2] Alarms are installed that automatically signal loss of service/circuit continuity and alert operations or technical control personnel.

E.   Service Testing: Element

Service testing refers to periodic quality control tests that are performed to ensure that service being provided falls within certain parameters. Such testing is normally done by the service vendor. With service user owned systems, periodic testing may be done by contract personnel or service user employees.

· **Service Testing: Element Detail**

[E1] The service will undergo periodic testing to determine quality and reliability.

F.   First Service/Route Diversity: Element

First service/route diversity refers to the availability of more than one telecommunications path between service points. "First Service" designates the primary or most important service between service points. It implies that other services operated between the two points are secondary or less important.

Route diversity is the allocation of services between two points over more than one geographic path or physical route with no geographic points of commonality.

· **First Service/Route Diversity: Details**

[F1] A first service.

[F2] A service path established to provide route diversity for another TSP service.

[F3] Other. Explain in item 9 of the TSP Request form.

G.   Facility/Site Access: Element

Facility/site access refers to the ease with which provisioning or restoration personnel can enter a site. If provisioning or restoration efforts require facility/ site access, the service user must coordinate with all concerned parties and be prepared to grant site access and provide escorts when necessary.

If sites may not be entered by provisioning or restoration personnel because of security restrictions, the service user must provide enough spare equipment to permit continued operation. Repairs done by removing equipment or components from the site and providing them to repair personnel off-site are considered adequate for meeting the intent of this profile element.

· **Facility/Site Access: Element Details**

[G1] The service user will provide immediate access 24 hours per day to installation or restoration personnel.

[G2] Service user personnel will meet service vendor personnel at a prearranged and mutually determined time to provide access.

[G3] The service user will provide access to provisioning or restoration personnel by the next business day.

[G4] Other. Explain in item 9 of the TSP Request form.

6.6   TSP REQUEST FORM ITEM 6

6. RESTORATION PRIORITY INFORMATION *(Complete ONLY if requesting a provisioning priority)*	
a. SUBCATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT	
b. CRITERIA UNDER WHICH SERVICE QUALIFIES	
c. RESTORATION PRIORITY REQUESTED	

Restoration Priority information. Complete only if requesting a restoration priority level for a new or existing service (A or B in item 1), or when requesting a different restoration priority level for an existing TSP service (C in item 1); otherwise leave this item blank.

6a. **Subcategory.** Enter the letter (A, B, C, or D) in item 6a corresponding to the subcategory (described below) under which this service qualifies for priority treatment.

A. National Security Leadership

This subcategory is strictly limited to only those telecommunications services essential to national survival if nuclear attack threatens or occurs, and critical orderwire and control services necessary to ensure the rapid and efficient provisioning or restoration of other NSEP telecommunication services. Services in this subcategory are those for which a service interruption of even a few minutes would have serious adverse impact upon the supported NSEP function.

B. National Security Posture and U.S. Population Attack Warning

This subcategory covers those minimum additional telecommunications services essential to maintaining an optimum defense, diplomatic, or continuity-of-government posture before, during, and after crisis situations. Such situations may range from national emergencies to international crises, including nuclear attack. Services in this subcategory are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact upon the supported NSEP function.

C. Public Health, Safety, and Maintenance of Law and Order

This subcategory covers the minimum number of telecommunication services necessary for giving civil alert to the U.S. population and maintaining law and order and the health and safety of the U.S. population in times of any national, regional, or serious local emergency. These services are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact upon the supported NSEP functions.

D. Public Welfare and Maintenance of the National Economic Posture

This subcategory covers the minimum number of telecommunications services necessary for maintaining the public welfare and national economic posture during any national or regional emergency. These services are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact upon the supported NSEP function.

6b. Criteria. Enter the number (1, 2, 3, 4, 5, 6, 7, 8, 9, or 0) in item 6b corresponding to the criteria (described below) under which this service qualifies within the subcategory identified in TSP Request form item 6a.

· **Criteria for Subcategory A: National Security Leadership:**

[1] Critical orderwire or control service supporting other NSEP functions
[2] Presidential communications service critical to continuity of government and national leadership during crisis situations
[3] National Command Authority communications service for military command and control critical to National survival
[4] Intelligence communications service critical to warning of potential catastrophic attack
[5] Communications service supporting the conduct of diplomatic negotiations critical to arresting or limiting hostilities.

· **Criteria for Subcategory B: National Security Posture and U.S. Population Attack Warning**:

[1] Threat assessment and attack warning
[2] Conduct of diplomacy
[3] Collection, processing, and dissemination of intelligence
[4] Command and control of military forces
[5] Military mobilization
[6] Continuity of Federal government before, during, and after crisis situations
[7] Continuity of state and local government functions supporting the Federal government during and after national emergencies
[8] Recovery of critical national functions after crisis situations
[9] National space operations.

· **Criteria for Subcategory C: Public Health, Safety, and Maintenance of Law and Order:**

[1] Population warning (other than attack warning)
[2] Law enforcement
[3] Continuity of critical state and local government functions (other than support   of the Federal government during and after national emergencies)
[4] Hospitals and distribution of medical supplies
[5] Critical logistic functions and public utility services
[6] Civil air traffic control

[7] Military assistance to civil authorities
[8] Defense and protection of critical industrial facilities
[9] Critical weather services
[0] Transportation to accomplish the foregoing NSEP functions.

· **Criteria for Subcategory D: Public Welfare and Maintenance of the National Economic Posture:**

[1] Distribution of food and other essential supplies
[2] Maintenance of national monetary, credit, and financial systems
[3] Maintenance of price, wage, rent, and salary stabilization, and consumer rationing programs
[4] Control of production and distribution of strategic materials and energy supplies
[5] Prevention and control of environmental hazards or damage
[6] Transportation to accomplish the foregoing NSEP functions.

6c. **Restoration priority requested**. Complete if requesting a restoration priority level for a new or existing service (A or B entered in item 1), or when requesting a change to the restoration priority level for an existing service (C entered in item 1). If you are not requesting a restoration priority level, leave items 6a, 6b, and 6c blank.

To determine the appropriate restoration priority level to request, see figure 6-1, Chart for Determining Restoration Priority Level. First, identify the subcategory you listed in the TSP Request form, item 6a. Your service is qualified for the priority level corresponding to that subcategory (item 6a) and service profile element(s)/detail(s) (item 5). Availability of additional service profile elements/details, as identified on the chart, make the service a candidate for a higher priority level.

To request a restoration priority, enter the priority level (5, 4, 3, 2, or 1) for which you qualify (or a lower priority level) in item 6c. If your service does not meet all the elements/details for a given priority level, but nevertheless you consider that a higher priority level is warranted, enter that priority level in item 6c, and give your rationale in item 9. The information you supply for TSP Request form items 5, 6a, 6b, 9, and (if a non-Federal government user) item 15, must support the priority level you are requesting.

Emergency NSEP services not otherwise qualifying for a restoration priority level assignment as Essential NSEP (subcategory A, B, C, or D), may be assigned a restoration priority level 5 for a 1 month period. In this case, enter an E in item 6a and leave item 6b blank. Such 1 month restoration priority level assignment will be revoked automatically

unless extended for another 1 month period. A notice of such revocation will be sent to the service user who in turn will issue a service order to the service vendor to revoke the priority level. Designation E is to be used ONLY if requesting both an Emergency provisioning priority level and a restoration priority level of 5 (enter a 5 in item 6c), and the service does not otherwise qualify for a restoration priority level.

Figure 6 - 1

CHART FOR DETERMINING RESTORATION PRIORITY LEVEL

	PRIORITY LEVELS				
	5	4	3	2	1
SUBCATEGORY	Service Profile Elements/Details (see 6.5)				
A National Security Leadership*	A1 or A2 B1	A1 or A2 B1	A1 or A2 B1	A1 or A2 B1	A1 or A2 B1
B National Security Posture and U.S. Population Attack Warning	A1 or A2 B1	A1 or A2 B1 C1 G1, G2, or G3	A1 or A2 B1 C1 D1 or D2 E1 G1 or G2	A1 or A2 B1 C1 D1 or D2 E1 F1 or F2 G1 or G2	
C Public Health, Safety, and Maintenance of Law and Order	A1 or A2 B1	A1 or A2 B1 C1 G1, G2, or G3	A1 or A2 B1 C1 D1 or D2 E1 G1 or G2		
D Public Welfare and Maintenance of National Economic Posture	A1 or A2 B1	A1 or A2 B1 C1 G1, G2, or G3			

*   National Security Leadership services qualify for a priority level of 1.
    However, service users should consider distributing some portion of these
    services among priority levels 2, 3, 4, and 5 to avoid concentrating all of their
    services at the same priority level.

Notes:

1. Service profile elements such as Customer Premises Equipment and
   Customer Premises Wiring must always be maintained/restored in a manner
   consistent with the response expected of the telecommunications service
   vendor for the priority level requested.

2. For all subcategories, service users are encouraged to request no higher
   priority level than is actually required.

6.7   TSP REQUEST FORM ITEM 7

7. PROVISIONING PRIORITY INFORMATION *(Complete ONLY if requesting a provisioning priority)*	
a. SUBCATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT	
b. CRITERIA UNDER WHICH SERVICE QUALIFIES	
c. PROVISIONING PRIORITY REQUESTED *(5, 4, 3, 2, 1, OR E)*	
d. INVOCATION OFFICIAL'S NAME	e. INVOCATION OFFICIAL'S TITLE
f. TELEPHONE NUMBER *(Area Code / Number / Extension)*	g. HAS THE INVOCATION OFFICIAL AUTHORIZED THIS ACTION? *(Y OR N)*
h. SERVICE LOCATION(S) *(Street Address, Building Number, Room Number, etc.)*	
i. PRIME VENDOR POINT-OF-CONTACT FOR PROVISIONING *(Company, Name and Telephone Number)*	
j. IS ORDER IN PROGRESS? (*Y or N)*	

Provisioning Priority Information. Complete ONLY if requesting a provisioning priority (Emergency or Essential provisioning of a service). Otherwise leave this item blank.

A provisioning priority should not be requested unless all other means to acquire an NSEP service have been unsuccessful and the need is so urgent that the service must be provided either as an Emergency provisioning effort, to be provided at the earliest possible time without regard to the costs of obtaining the service; or as an Essential provisioning effort, to be provided by a due date specified by the service user, normally without regard to associated overtime or expediting costs. In either case an invocation of NSEP treatment by an invocation official must occur. (See paragraph 5.1, Invocation of NSEP Treatment.)

7a. Subcategory. If requesting an Emergency provisioning priority, enter an E in 7a. If requesting an Essential provisioning priority (i.e., non-Emergency), enter the letter (A, Bt C, or D) corresponding to the Essential subcategory under which this service qualifies for priority treatment in item 7a. (Essential subcategories are described in paragraph 6.6, item 6a).

7b. Criteria. Enter the number corresponding to the subcategory criteria under which this service qualifies in item 7b. If this is an Essential service, enter the number corresponding to the criteria as listed in paragraph 6.6, item 6b. If this is an Emergency service, enter the appropriate number corresponding to the criteria as listed below.

Services are eligible for an Emergency provisioning priority if they directly support or result from at least one of the following:

Criteria for Emergency Service

[1] Federal government activity responding to a Presidentially declared disaster or emergency as defined in the Disaster Relief Act (42 U.S.C. Section 5122)

[2] State or local government activity responding to a Presidentially, state, or locally declared disaster or emergency

[3] Response to a state of crisis declared by the National Command Authorities (e.g., exercise of Presidential war emergency powers under Section 706 of the Communications Act, supra)

[4] Efforts to protect endangered U.S. personnel or property

[5] Response to an enemy or terrorist action, civil disturbance, natural disaster, or any unpredictable occurrence that has damaged facilities whose uninterrupted operation is critical to NSEP or the Management of other ongoing crises

[6] Certification by the head or director of a Federal agency, commander of a unified/specified command, chief of a military service, or commander of a major military command, that the telecommunications service is so critical to protection of life and property or to NSEP that it must be provided immediately

[7] A request from an official authorized pursuant to the Foreign Intelligence Surveillance Act (50 U.S.C. Section 1801 et. seq. and 18 U.S.C. Section 2511, 2518, 2519).

7c. Provisioning Priority Requested. Enter the requested provisioning priority level (5, 4, 3, 2, 1, or E). Complete ONLY if requesting a provisioning priority. If you are not requesting a provisioning priority, leave all of item 7 blank. See figure 6-2, Chart for Determining Provisioning Priority Level, to determine the appropriate provisioning priority level to request. Your service is qualified for the priority level corresponding to the subcategory entered in item 7a and service profile element(s)/detail(s) entered in item 5. Availability of additional service profile elements/details, as identified on the chart, make the service a candidate for a higher priority level. If your service does not meet all the elements/details for a given priority level, but, nevertheless, you consider that a higher priority level is warranted, enter that priority level in item 7c and give your rationale in item 9.

The information you supply for items 5, 7a, 7b, 7d, 9 and (if a non-Federal government user) item 15 must support the provisioning priority assignment you request in item 7c.

Figure 6-2

CHART FOR DETERMINING PROVISIONING PRIORITY LEVEL

	PRIORITY LEVELS					
	5	**4**	**3**	**2**	**1**	**E**
SUBCATEGORY	Service Profile Elements/Details (see 6.5)					*
A National Security Leadership**	A3 B2	A3 B2	A3 B2	A3 B2	A3 B2	
B National Security Posture and U.S. Population Attack Warning	A3 B2 G1 or G2	A3 B2 C1 G1 or G2	A3 B2 C1 D1 or D2 G1 or G2	A3 B2 C1 D1 or D2 F1 or F2 G1 or G2		
C Public Health, Safety, and Maintenance of Law and Order	A3 B2 G1 or G2	A3 B2 C1 G1 or G2	A3 B2 C1 D1 or D2 G1 or G2			
D Public Welfare and Maintenance of National Economic Posture	A3 B2 G1 or G2	A3 B2 C1 G1 or G2				

* To qualify under the Emergency NSEP category, the service must meet at least one of the criteria listed in paragraph 6.7, item 7b.

** National Security Leadership services qualify for a priority level of 1. However, service users should consider distributing some portion of these services among priority levels 2, 3, 4, and 5 to avoid concentrating all of their services at the same priority level.

Note:

For all subcategories, service users are encourage to request no higher priority level than is actually required.

Additional provisioning information may be required to adequately support service requirements. Refer to Appendix E.

7d. **Invocation official's name.** Enter the name of the invocation official. This person must be an authorized official as specified in paragraph 5.2. Information in TSP Request form items 7d, 7e, and 7g is subject to verification. The invocation official's name and title must be on file with the TSP Program Office; otherwise the provisioning priority cannot be assigned.

7e. **Invocation official's title.** Enter the title of the invocation official as previously submitted to the TSP Program Office.

7f. **Area code/phone/extension.** Enter the commercial telephone number of the invocation official

7g. **Has the invocation official authorized this action?** If the invocation official has authorized this action, enter [Y], if not, enter [N].

7h. **Service location(s).** Indicate the end service locations covered by this provisioning priority request. Specific street address information is required. If necessary, use additional forms or blank paper.

7i. **Industry Contact Information.** Enter the name and telephone number (including area code) of the prime vendor point-of-contact. If there is more than one prime vendor, use additional forms or blank paper.

7j. **Is order in progress?** If the order is in progress (i.e., vendor(s) has/have started work), enter [Y]; otherwise, enter [N].

6.8   TSP REQUEST FORM ITEM 8

8. SERVICE USER 24 HOUR POINT-OF-CONTACT *(REQUIRED for provisioning priority)*	
a. TITLE OR NAME	
b. DAYTIME TELEPHONE NUMBER (Area Code/Number/ Extension)	c. OFF-HOURS TELEPHONE NUMBER (Area Code/Number/Extension)

Service user 24 hour point-of-contact. Enter the service user 24 hour point-of-contact for this service. This item is REQUIRED if requesting a provisioning priority; otherwise, it may be left blank.

Enter the title (or name if no title is available) and commercial telephone number of this contact. If a title (or name) is entered, at least one commercial telephone number is required. You may use a home telephone number for the off-hour phone number.

This person may be contacted if the service vendor has questions or needs assistance (e.g., off-hour access) during provisioning or if there is any problem with this service. Enter additional points-of-contact on a separate sheet of paper.

6.9   TSP REQUEST FORM ITEM 9

```
┌──────────────────────────────────────────────────────────────────────────┐
│ 9.  SUPPLEMENTAL INFORMATION                                               │
│                                                                            │
│                                                                            │
│                                                                            │
│                                                                            │
│                                                                            │
│                                                                            │
│                                                                            │
│                                                                            │
└──────────────────────────────────────────────────────────────────────────┘
```

Supplemental Information. Additional information to be used by the TSP Program Office in understanding your service and assigning the appropriate priority level.

Describe in general terms what function and/or mission the service supports (e.g., 911 service, state emergency network, dedicated voice conferencing network). Indicate if this is the subscriber loop portion of a switched service, a point-to-point dedicated private line, multipoint service (or portion thereof), trunk, or cellular service. Enter the approximate number of end points if this is a multiple point service. Avoid using or citing acronyms, "buzz" words, publications, instructions, or directives which are common only to your organization.

Whenever you enter supplemental information, the new entry will completely replace any previously reported supplemental information for the service. Therefore, you can not simply "add" supplemental information unless you also repeat all previously reported information.

If this is a request for a preassigned priority, so indicate here and attach supporting rationale to the completed TSP Request (SF 315) before submitting the form for processing. (See paragraph 10.7.)

6.10   TSP REQUEST FORM ITEM 10

```
10.  SERVICE USER (Enter application code)
        A FEDERAL GOVERNMENT        C LOCAL GOVERNMENT       E FOREIGN GOVERNMENT
        B STATE GOVERNMENT          D PRIVATE SECTOR         F OTHER
```

Service User. Enter an [A] if the service is for any Federal government organization. Enter a [B] if the service is for any state government organization. Enter a [C] if the service is for any county, city, town, or other local government organization. Enter a [D] for any private sector organization or a private U.S. citizen. Enter an [E] for any foreign government or foreign government organization. Enter an [F] if other than the above, such as a quasi-government organization. An entry other than [A] requires Federal government sponsorship (see paragraph 6.15).

6.11   TSP REQUEST FORM ITEM 11

```
11.  SERVICE USER ORGANIZATION    (Dept/Agency)
```

Service User Organization (Department/Agency).   Federal agencies are to use the appropriate 4-digit code for their organization, as indicated in Federal Information Processing Standard (FIPS) Publication 95.[1] FIPS codes for Federal Organizations with NSEP responsibilities are provided in Appendix F. All others should enter a title, such as "California Highway Patrol" or "Nelson County Hospital."

6.12   TSP REQUEST FORM ITEM 12

```
12.  MAJOR NETWORK INFORMATION    (if service is part of or
     uses a major network (e.g., PSN, FTS, DSN,) identify the
     network
```

Major Network Information. If this service is part of, or uses, a major network such as the PSN (public switched network), FTS (Federal Telecommunications System), or DSN (Defense Switched Network), enter the network acronym. If there is no acronym, enter the network name. Otherwise, leave blank. You may enter up to 24 characters.

---

[1] FIPS Publication 95 can be ordered from:
   U.S. Department of Commerce
   National Technical Information Service
   5285 Port Royal Road
   Springfield, Virginia 22161

6.13   TSP REQUEST FORM ITEM 13

13. SERVICE USER POINT-OF-CONTACT *(For correspondence regarding this service)*		
a. TITLE OR NAME	b. ORGANIZATION *(Dept / Agency)*	
c. MAILING LIST		
d. CITY / STATE / ZIP CODE	e. TELEPHONE NUMBER *(Area Code / Number / Extension)*	f. FACSIMILE NUMBER *(Area Code / Number / Extension)*

Service User Point-of-Contact. Enter the name of the person (or office) responsible for and/or who knows the most about this service.

All notices, information, or questions regarding this service will be directed to this point-of-contact (unless this is a sponsored service and the sponsor has informed the TSP Program Office that all correspondence is to be routed through the sponsor). (See paragraph 8.3, for a discussion on sponsor routing options.)

For Organization (item 13b), Federal agencies are to use the appropriate 4-digit code as indicated in FIPS Publication 95. For non-Federal agencies, enter a title, such as "California Highway Patrol" or "Nelson County Hospital."

6.14   TSP REQUEST FORM ITEM 14

14. TSP REQUESTOR INFORMATION		
a. NAME	b. ORGANIZATION	c. TELEPHONE NUMBER (Area Code / Number / Extension)
d. SIGNATURE AND DATE: **I confirm this is a National Security Emergency Preparedness (NSEP) service.**		
▶		◀

TSP Requestor Information. Enter indicated information about the person who filled out the form. If this is the same individual as the service user point-of-contact, enter "same as item 13."

If the form itself cannot be read by the TSP Program Office staff, if required items are left blank, or if there are other problems with the information on the form, the requestor may be contacted. If the TSP Request form needs to be returned, it will be sent to the service user point-of-contact (see item 13).

This form must be signed (item 14d), or it will be returned unprocessed. By signing this form, the requestor is confirming that the service is an NSEP service.

6.15   TSP REQUEST FORM ITEM 15

15. SPONSORSHIP INFORMATION FOR NON-FEDERAL SERVICE *(To be completed by sponsor)*		
a. FEDERAL SPONSORING AGENCY	b. RECOMMENDED DISPOSITION	
c. SPONSOR NAME	d. SPONSOR TITLE	e. TELEPHONE NUMBER *(Area Code / Number / Extension)*
f. SPONSOR SIGNATURE AND DATE: **I confirm this is a National Security Emergency Preparedness (NSEP) service.** ▶ ◀		
Non-Federal Users: send form to your Federal government sponsor. **Federal Users of Sponsors: send completed form to:** **Manager, NCS** **Attn: TSP Program Office** **701 South Courthouse Road** **Arlington, VA 22204-2198**		

Sponsorship information for non–Federal government service. TSP Requests for Federal government services do not require sponsorship. Federal government requestors are to leave this item blank and send the completed form directly to the TSP Program Office.

Non-Federal government requestors: A sponsoring official is required for a TSP request from non-Federal government service users. Non-Federal government requestors should complete items 1 through 14 on the form and send the TSP Request to the Federal agency that has agreed to sponsor their request.

Federal Government Sponsor: Enter the appropriate four digit code as indicated in FIPS Publication 95. Indicate recommended disposition of this request, such as "concur" or "recommend restoration priority level 5" to the TSP Program Office in item 15b. If the recommendation is to deny the request or not to sponsor the request, the sponsor is to return the form to the service user point-of-contact, along with an explanation for the denial. Sponsored requests must be signed by a Federal sponsoring official (previously identified to the TSP Program Office) in item 15f. By signing this form, the sponsoring official is confirming that the service is an NSEP service. Send sponsored request forms to the TSP Program Office for processing. Do not forward this form to the TSP Program Office if the recommendation is to deny the request.

Figure 6-3 is a example of a completed TSP Request (SF 315).

Figure 6-3
EXAMPLE OF A COMPLETED TSP REQUEST FORM

TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM	Form Approved
TSP REQUEST FOR SERVICE USERS	OMB No. 0704-0305
(See NCS Manual 3-1-1 for instructions before completion.)	Expires Jul 31, 1998

Public reporting burden for this collection of information is estimated to average 2.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS - RETURN COMPLETED FORM TO ADDRESS BELOW

1. ACTION REQUESTED   *(Enter applicable code)*

A. INITIAL PRIORITY FOR A NEW SERVICE

B. INITIAL PRIORITY FOR AN EXISTING SERVICE

C. CHANGE TO A SERVICE, SERVICE PRIORITY, OR INFORMATION ABOUT A SERVICE

D. REVOKE A SERVICE'S PRIORITY

F. REVALIDATE A SERVICE'S PRIORITY

A

2. DATE SERVICE REQUIRED *(MM/DD/YY)*	**3. NEW SERVICE USER SERVICE ID**
04/12/96	**Emergency Line #1**

4. SERVICE IDENTIFIERS   *(Complete a and/or b below only if action requested is C, D, or F.)*

a. TSP AUTHORIZATION CODE										b. PREVIOUS SERVICE USER SERVICE ID
T	S	P	1	2	3	4	5	C	– E 3	

5. SERVICE PROFILE   *(List all choices that apply)*

A 1	A 3	B 1	B 2	C 1	D 1
E 1	G 2				

6. RESTORATION PRIORITY INFORMATION   *(Complete ONLY if requesting a provisioning priority)*

a. SUBCATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT	**C**
b. CRITERIA UNDER WHICH SERVICE QUALIFIES	**2**
c. RESTORATION PRIORITY REQUESTED *(5, 4, 3, 2, or 1)*	**3**

7. PROVISIONING PRIORITY INFORMATION   *(Complete ONLY if requesting a provisioning priority)*

a. SUBCATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT	**E**
b. CRITERIA UNDER WHICH SERVICE QUALIFIES	**2**
c. PROVISIONING PRIORITY REQUESTED *(5, 4, 3, 2, 1, or E)*	**3**

d. INVOCATION OFFICIAL'S NAME	e. INVOCATION OFFICIAL'S TITLE
Mr. George Smith	**Director of Operations**

f. TELEPHONE NUMBER *(Area Code / Number / Extension)*	g. HAS THE INVOCATION OFFICIAL AUTHORIZED THIS ACTION? *(Y or N)*	
(000) 000-0000/000		**Y**

h. SERVICE LOCATION(S)   *(Street Address, Building Number, Room Number, etc.)*

401 South Broad St., Room 614
Webster Grove, MO 63110-2000

i. PRIME VENDOR POINT-OF-CONTACT FOR PROVISIONING   *(Company, Name and Telephone Number)*

ABC Telecommunications, Inc., Mr. James Frazier, (000) 000-0000

j. IS ORDER IN PROGRESS? (Y or N)	**Y**

315-103   AUTHORIZED FOR LOCAL REPRODUCTION BY THE PUBLIC   Standard Form 315 (Rev. 8/95)
Prescribed by DOD/NCS
NCS Manual 3-1-1

Figure 6-3
EXAMPLE OF A COMPLETED TSP REQUEST FORM (Continued)

8. SERVICE USER 24 HOUR POINT-OF-CONTACT *(REQUIRED for provisioning priority)*	

a. TITLE OR NAME

Manager, Crisis Operations Center

b. DAYTIME TELEPHONE NUMBER *(Area Code / Number / Extension)*	**c. OFF-HOURS TELEPHONE NUMBER** *(Area Code / Number / Extension)*
(000) 000-0000/000	**(000) 000-0000/000**

9. SUPPLEMENTAL INFORMATION *(i.e., circuit information)*

This will be a point-to-point, dedicated private line needed to support Federal emergency operations in the area struck by Hurricane Julia.

10. SERVICE USER *(Enter applicable code)*

A FEDERAL GOVERNMENT	C LOCAL GOVERNMENT	E FOREIGN GOVERNMENT	**A**
B STATE GOVERNMENT	D PRIVATE SECTOR	F OTHER	

11. SERVICE USER ORGANIZATION *(Dept / Agency))*	**12. MAJOR NETWORK INFORMATION** *(If service is part of or uses a major network (e.g., PSN, FTS, DSN), identify the network)*
8900	

13. SERVICE USER POINT-OF-CONTACT *(For correspondence regarding this service)*

a. TITLE OR NAME	**b. ORGANIZATION** *(Dept / Agency)*
Sandra Stapleton	**8900**

c. MAILING ADDRESS

9831 Elm Street, Suite 300

d. CITY / STATE / ZIP CODE	**e. TELEPHONE NUMBER** *(Area Code / Number / Extension)*	**f. FACSIMILE NUMBER** *(Area Code / Number / Extension)*
Webster Grove, MO 63119	**(000) 000-0000/000**	**(000) 000-0000/000**

14. TSP REQUESTOR IINFORMATION

a. NAME	**b. ORGANIZATION** *(Dept / Agency)*	**c. TELEPHONE NUMBER** *(Area Code / Number / Extension)*
Joe Sample	**8900**	**(000) 000-0000/000**

d. SIGNATURE AND DATE: I confirm this is a National Security Emergency Preparedness (NSEP) service.

▶   ◀

15. SPONSORSHIP INFORMATION FOR NON-FEDERAL SERVICE *(To be completed by sponsor)*

a. FEDERAL SPONSORING AGENCY	**b. RECOMMENDED DISPOSITION**

c. SPONSOR NAME	**d. SPONSOR TITLE**	**e. TELEPHONE NUMBER** *(Area Code / Number / Extension)*

e. SPONSOR SIGNATURE AND DATE: I confirm this is a National Security Emergency Preparedness (NSEP) service.

▶   ◀

Non-Federal users: send form to your Federal governemnt

Federal users or sponsors: send completed form
.

Manager, NCS
Attn: TSP Program
701 South Courthouse Road
Arlington, VA 22204-2198

315-103   AUTHORIZED FOR LOCAL REPRODUCTION BY THE PUBLIC   Standard Form 315 (Back) (Rev. 8/95)